



Andrew J. Rizzo, Jr.  
Building Official  
Issuing Authority

# City of New Haven BUILDING DEPARTMENT

PERMIT & LICENSE CENTER

200 Orange Street, 5<sup>th</sup> Floor\* New Haven, Connecticut 06510

## BUSINESS LICENSE APPLICATION



John DeStefano, Jr.  
Mayor

**To Be Filled Out Completely By Interested Person:** ONCE ISSUED, A LICENSE IS NOT TRANSFERABLE, NO REFUND WILL BE ISSUED.

Date Application Submitted: \_\_\_\_\_ APPLYING AS A(N):  INDIVIDUAL  MANAGER  OWNER  PARTNERSHIP  
**(Please PRINT) ALL INFORMATION MUST BE SUPPLIED. INCOMPLETE APPLICATIONS WILL BE RETURNED.**

**License Is Hereby Granted To:** \_\_\_\_\_  
(Name(s) under which the **Broker** Business is to be operated)

Address: \_\_\_\_\_  
(Address under which the **Broker** is to be operated)

List the merchandises, services, samples or other items to be sold: \_\_\_\_\_

Broker Trade Name (if any): \_\_\_\_\_ Telephone No: ( ) \_\_\_\_\_

**COMPLETE DAY(S) AND HOUR(S) OF OPERATION:**

MONDAY _____ A.M./P.M. _____ A.M./P.M.	WEDNESDAY _____ A.M./P.M. _____ A.M./P.M.	SATURDAY _____ A.M./P.M. _____ A.M./P.M.
TUESDAY _____ A.M./P.M. _____ A.M./P.M.	THURSDAY _____ A.M./P.M. _____ A.M./P.M.	SUNDAY _____ A.M./P.M. _____ A.M./P.M.
	FRIDAY _____ A.M./P.M. _____ A.M./P.M.	

LIST THE NAME(S) OF OTHERS OPERATING THE BROKER BUSINESS. (Use back side of this application)

**To the Building Department – Permit & License Center,**

I (we), hereby agree to abide by all of the rules and regulations pertaining to **BROKERS** as defined by the City of New Haven Ordinances and the State of Connecticut Statutes.

Applicant Name: \_\_\_\_\_  
(Last) (First) (Middle)

Applicant Address: \_\_\_\_\_  
(street #) (street name) (town) (state) (zip code)

Home Phone: ( ) \_\_\_\_\_ Sex:  Male  Female Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security # \_\_\_\_\_ Employer Identification No. of such Entity: \_\_\_\_\_

**Valid Photo ID#** \_\_\_\_\_ **NAME OF STATE:** \_\_\_\_\_  
 Driver License  Non-Driver License  Passport Issued ID  State Income Maintenance Issued ID  
 Other Issued ID \_\_\_\_\_

**Once issued, a license is not transferable, no refund will be issued, and is subject to the provisions of the Ordinances of the City of New Haven and the Statutes of the State of Connecticut applicable to the activity for which the license is requested.**

**By signing this application the applicant is authorizing the City to complete a background check on individuals, partners or officers of the entity to which the license is issued; and certifies that a copy of the city ordinance governing this license has been received.**

**Signature** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**FOR OFFICE USE ONLY. REQUIRED APPROVALS/INSPECTIONS:**

ZONING ADMINISTRATOR \_\_\_\_\_

APPROVED SIGNATURE (ZN): \_\_\_\_\_ DATE APPROVED \_\_\_\_\_

POLICE BACKGROUND REPORT:  APPROVED \_\_\_\_\_  DENIED \_\_\_\_\_ REPORT RECEIVED \_\_\_\_\_

REQUEST FOR CRIMINAL BACKGROUND CHECK REPORT EXPIRES THREE (3) MONTHS FROM PROCESSED DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY:** LICENSE TYPE: BROKER To Conduct the Following:  Antiques  Junk Yard  Pawn  
 Precious Metal  Scrap Metal  Secondhand  Swap Shop

Renewal License No. \_\_\_\_\_  New License No. \_\_\_\_\_ Previous License No. \_\_\_\_\_

**FEE:**  \$25.00 (RENEWAL)  \$50.00 (NEW)  \$5.00 (REPLACEMENT)  
DATE LICENSE ISSUED: \_\_\_\_\_ THIS LICENSE IS NOT TRANSFERABLE AND EXPIRES ON **MAY 1**, \_\_\_\_\_

RECEIVED \_\_\_\_\_:  CASH  WAIVED  CHECK \_\_\_\_\_  M/O # \_\_\_\_\_ RECEIPT # \_\_\_\_\_

**APPROVAL OF ISSUING AUTHORITY** \_\_\_\_\_ ( ) Date: \_\_\_\_\_

**OTHER REQUIRED DOCUMENTATION(S):**

BOND # \_\_\_\_\_ EXPIRATION FROM: \_\_\_\_\_ TO \_\_\_\_\_

CT SALES TAX & USE PERMIT (COPY SUBMITTED)  VALID PHOTO ID (COPY SUBMITTED)

DESCRIPTION OF ANY MERCHANDISE TO BE SOLD (COPY SUBMITTED)

**List name(s) of other(s) operating the Broker Business.** (Use additional pages if necessary.)

CURRENT LICENSE NO. (IF ANY) \_\_\_\_\_ PREVIOUS LICENSE NO. (IF ANY) \_\_\_\_\_

LICENSE TYPE(S):  AMUSEMENTS  AUCTIONEER  BROKER  MANAGING ITINERANT VENDOR  
 OUTDOOR SEATING  PARKING LOT/GARAGE  ROOMING HOUSE  SALES  VENDOR

Name: \_\_\_\_\_  
or (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Name(s): \_\_\_\_\_ Employer ID# \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street #) (street name) (town) (state) (zip code)

Home Phone: ( ) \_\_\_\_\_ Sex:  Male  Female Social Security # \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Valid Photo ID# \_\_\_\_\_ **NAME OF STATE:** \_\_\_\_\_

Driver License  Non-Driver License  Passport Issued ID  State Income Maintenance Issued ID  
 Other Issued ID \_\_\_\_\_

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Name: \_\_\_\_\_  
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